



Open Enrollment **2010**

September 14th through October 8th, 2009

2009 eBenefits ACORN ONLINE SYSTEM AVAILABLE

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The rates listed in this book are for full-time permanent employees. In order to be eligible for Placer County benefits, employees must work a minimum of 20 hours a week or 40 hours a pay period. Rates for employees with registered domestic partners or for part time permanent employees can be obtained by calling Personnel.

Rates are also posted at:

V:\Personnel\Benefits\2010 Benefits Forms and Rates

How Do I Make Changes?

Each year during the Open Enrollment period employees have an opportunity to enroll in the benefit plans and make changes to existing plans.

Placer County Open Enrollment begins Monday, September 14 and ends Thursday, October 8, 2009 at 5:00 p.m.

During the 2009 Open Enrollment period, the plans available to enroll/change are health, dental, vision, life insurance, accidental death & dismemberment (AD&D), deferred compensation 401(k) and 457 plans, the Flexible Benefit Program (which includes dependent care and the flex credit to 401(k) in-lieu of health coverage), and Long Term Disability.

This is also a good time to review and to update your emergency contact, beneficiary designations, and covered dependents.



DEADLINE:

All changes **MUST** be completed by 5:00 p.m. Thursday, October 8th. Benefit selections and changes made during this period are effective January 1, 2010.

Acorn Self Service

By using the eBenefits ACORN Payroll-Personnel system at <http://acorn>, you can review and elect your personal benefit choices and dependent/beneficiary information online. Instructions for using the eBenefits ACORN system are available on the V:\Personnel\ Benefits\2010 Benefits Forms and Rates.



With eBenefits ACORN Self Service you will also verify the changes you made during Open Enrollment.

Once you make your changes, take a few minutes to review the online instructions to assure accurate completion and submittal of your enrollment and other documentation to Personnel.

Some changes do require additional forms (see page 4). You can access these forms on the County shared drive online at: V:\Personnel\ Benefits\2010 Benefits Forms and Rates or eBenefits ACORN Self Service.

If you do not have personal access to a County computer, you can use any County workstation that has County-wide access. Please see your department personnel representative for assistance.

Computer Kiosks

AUBURN

Additional eBenefits ACORN Self Service computer kiosks are available at the following locations if you have not been able to access a computer to review and/or print an enrollment statement to make changes to your benefit information:

WALK-IN

- **Placer County Personnel**
145 Fulweiler Avenue, Suite 200
Auburn, CA 95603

BY APPOINTMENT

- **Dewitt - Organizational Development Dept. (OD)**
11486 B Avenue
Auburn, CA 95603
530.886.5270

Benefit Changes *Outside of the Open Enrollment Period . . .*

- Enrollment or changes to 401(k) in lieu of medical insurance flex credit, dental, vision, accidental death and dismemberment (AD&D), and Dependent Care may be made only within a 30-day period following a family status change (FSC, see examples below). Completed forms must be received within 30 days of the FSC.
- Health insurance changes may be made only within a 60-day period following a family status change (FSC). Completed forms must be received within 60 days of the FSC. Changes beyond 60 days will be subject to a 90-day waiting period from the date paperwork is received in Personnel.

FSC – Family Status Changes

- Change in family status that affects coverage, such as: marriage, registered domestic partnership, divorce, birth/adoption of a child, or death.
- Change in employment status for you, your spouse or registered domestic partner that changes your eligibility.
- Change in employment status of your spouse or registered domestic partner causing a loss of coverage for you or your dependents.
- The date of the FSC event determines benefit eligibility, if Personnel is not notified in a timely manner as described above it may effect coverage begin dates for enrollment and you may be responsible for any services rendered for ineligible dependents.

NOTE:

Changes in medical will take effect the first of the month following the FSC and receipt of the completed enrollment forms by the Personnel Department.

All other benefits are effective 30 days from the FSC.



2010 Open Enrollment Form & Document Requirements

Forms can be found on your ACORN Benefit Home Page under Benefits Forms and Documents or at: V:\Personnel\Benefits\2010 Benefits Forms and Rates.

All forms and documents must be submitted to Personnel by 5:00 p.m., Thursday, October 8, 2009. Please review this list carefully to make sure your enrollment is complete.

Any changes to health plans require a Declaration of Health Coverage form.

TYPE OF CHANGE	INFORMATION/FORMS REQUIRED
Add Spouse/ Domestic Partner (DP)	Full name/SSN/DOB/Domestic Partner Registration or Marriage Certificate <i>If HMO – physician selection form</i>
ILH (<i>In Lieu of Health Coverage</i>)	Verification of other health coverage, enrollment form for 401(k) and Declaration of Health Coverage
Add child/step-child/ DP children	Full name/SSN/DOB
Economically Dependent Children	Full name/SSN/DOB/ Affidavit of Eligibility for Economic Dependent Children
Enrollment with HMO*	Personal Physician Selection form
Any Changes to Health Plan	Declaration of Health Coverage
Dependent Care	FBMC Enrollment Form
Life Insurance	Need Application, approval subject to underwriting
Long Term Disability (LTD)	Need LTD Evidence of Insurability form, approval subject to underwriting
401(k) / 457	New Enrollment - Need CalPERS/Hartford Enrollment Form

* If choosing either Blue Shield HMO Plan, you will need to complete the “Personal Physician Selection” form, which is located at Benefit Forms and Links and V:\Personnel\Benefits\2010 Benefits Forms and Rates.

NOTE:

Verify that your dependents are still eligible for coverage and delete those that are not eligible.
Your unmarried dependent children under age 23 (if they are economically dependent) are eligible for coverage.

What Is The Purpose Of A Benefit Fair?

This is an opportunity to gather information and meet representatives from the various CalPERS health plans, Delta Dental, Vision Service Plan, CalPERS Deferred Compensation, Hartford Deferred Compensation, Concern: EAP (Employee Assistance Program), and Lincoln Financial Group (Long Term Disability coverage).

WHEN AND WHERE IS THE BENEFIT FAIR?

Thursday, SEPTEMBER 17, 11:30 A.M. to 2:30 P.M.

AUBURN • Justice Center, Community Room

2929 Richardson, Auburn, CA (DeWitt Center)

Who Should I Contact If I Have Benefit Questions Or Want To Make An Appointment?

If you have not been able to find the information you require on either the CalPERS website or in your Open Enrollment material, or at V:\Personnel\Benefits\2010 Benefits Forms and Rates, you can contact members of the Personnel Benefits Team to assist you by appointment.



To Make An Appointment To Meet With A Personnel Representative At The Following Locations

Call Benefit Hotline: 530.889.4089. **Please leave your name, department and a number where you can be reached; we cannot leave benefits information on an answering machine.**

ROSEVILLE

- **Santucci Justice Center**
Dan Gong Conference Room
10810 Justice Center Drive
Roseville, CA 95678
Wednesday September 30th, 2010;
9:00 a.m. to 2:00 p.m.

TAHOE

- **Administration Center**
565 West Lake Blvd.
Tahoe City, CA 96145
Tuesday September 29th, 2010,
10:00 a.m. to 2:00 p.m.

When Will Premiums For 2010 Changes Be Deducted From My Paycheck?

Benefit premiums are deducted biweekly (each pay day) for 24 pay periods each year. Premiums for health insurance benefit changes will begin pay period #12 on pay date December 4, 2009. Premiums for all other benefit changes will begin pay period #15 on pay date January 14, 2010. Premiums for the Voluntary Supplemental Life Insurance and Long Term Disability are effective upon acceptance and approval by the insurance carrier. Pay periods #14, pay date December 31, 2009 and #3 pay date July 30, 2010 will not have benefit premium deductions.

What If I Don't Want To Make Any Changes This Year?

Excluding the Dependent Care Program, if you do not make any changes at this Open Enrollment period you will continue with the same benefit elections that you have on the last day of the plan year (December 31st), along with any cost variations in applicable premium contributions. This is called an 'Evergreen Election.'

What If I Am Planning To Retire?

HEALTH INSURANCE

To be eligible for health benefits in retirement you must retire within 120 days of separation from Placer County. If you are not enrolled in a CalPERS health plan at retirement, you can enroll during any future Open Enrollment period by contacting CalPERS directly at 1-888-225-7377 (toll free).

You may enroll and also make changes to your CalPERS health plan within 60 days following your retirement date. The changes will be effective the first day of the following month after the submission of your forms.

DENTAL INSURANCE

If you are enrolled in dental insurance benefits at the time of your retirement you can elect to continue dental insurance coverage for yourself and any enrolled dependents. If you are not enrolled at retirement you will not be eligible to enroll at that time, but you may enroll during any future Open Enrollment period.

VISION INSURANCE

If you are enrolled in vision insurance benefits at the time of your retirement, you have the option to elect to continue vision insurance coverage for yourself and any enrolled dependents under COBRA for up to 36 months. If you and your dependents are not enrolled at retirement you will not be eligible to enroll at any time.



CalPERS Health Insurance Information

Major Plan Changes for 2010:

- Kaiser will no longer offer chiropractic coverage.
- Blue Shield Access+, Blue Shield NetValue and Kaiser are the three HMO plans in 2010.
- CalPERS offers two Blue Cross PPO plans to each member regardless of where you live, PERSCare and PERS Choice. A third PPO plan, PERS Select, is available for employees who live outside of Placer County, but in California.
- PORAC is a PPO offered only to Deputy Sheriff's & Safety management employees, who are members of PORAC. (Peace Officers Research Association of CA)
- HMO eligibility is based on your residence zip code. You can check online at www.CalPERS.ca.gov to determine which health plans are available to you. The CalPERS website also provides a direct link to each insurance carrier.
- If your HMO of choice is not available based on your residence zip code, you have the option of selecting an HMO based on your actual work-site zip code. An additional form is necessary to select an HMO based on work site eligibility. Please inform the Personnel Benefits staff that you will be using this option.
- Due to changes in zip code alignments by CalPERS, if you do not live in Placer, Sacramento or ElDorado Counties, you will automatically be enrolled within your worksite zip code so you receive the reduced rates for this region.
- Medical premium rate schedules for the year 2010 are included in this booklet beginning on page 8. There are separate rate schedules for:
 - PPEO, Management & Confidential Employees
 - DSA Employees

All employees and dependents enrolling in a health plan will receive a medical ID card for use beginning January 1, 2010.

CalPERS Health Plan Chooser

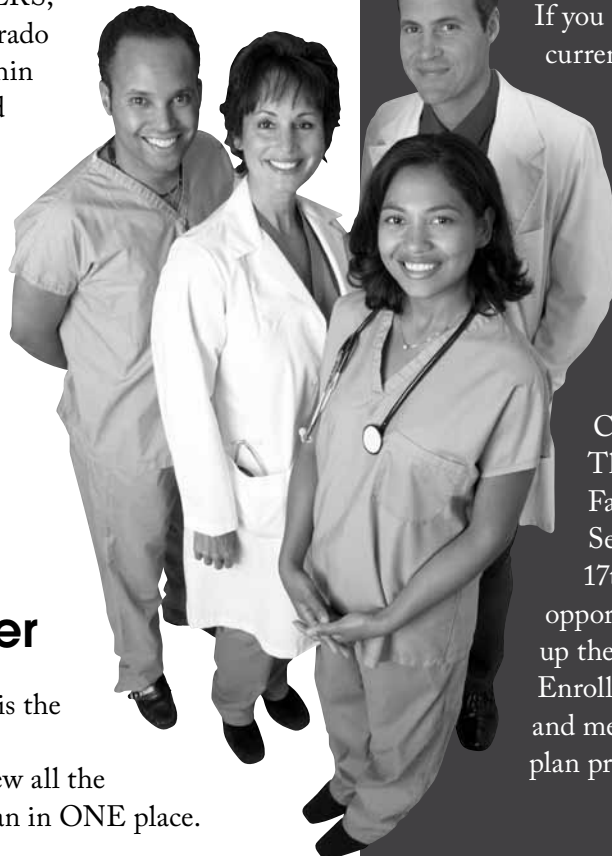
A good source of information regarding health plans is the CalPERS Health Plan Chooser, available online at www.CalPERS.ca.gov. Here you will be able to review all the information that is important in choosing a health plan in ONE place.

NOTE:

This booklet provides general information about the benefits offered by Placer County. Major health benefit changes are outlined in this material, in the CalPERS 2010 Health Benefit Summary online at www.CalPERS.ca.gov/member or by attending the Benefit Fair on Thursday, September 17, 2009.

If you are currently enrolled in a CalPERS health plan, you should have received a CalPERS Health Plan Statement that indicates your current coverage. It is important that you review the information carefully to determine if changes are needed for you and your family in 2010.

If you are not currently enrolled in a health plan with Placer County, you will NOT receive information from CalPERS. The Benefit Fair, Thursday September 17th, is a great opportunity to pick up the 2010 Open Enrollment packet and meet with the plan providers.



2010 CalPERS Health Insurance Rates

PPEO, MGT, MGT SAFETY, CONFIDENTIAL	PAY PERIODS #1 - #26		
Effective Pay Period 12 Pay Date December 4, 2009	PAY PERIODS 14 & 3 ARE FREE		
	Per PP	Per PP	CALPERS
Health Plan AUBURN & TAHOE RATES	Employee Share	County Share	Total Biweekly Cost
HEALTH MAINTENANCE ORGANIZATIONS - HMO:			
BLUE SHIELD NET VALUE Employee Only	\$23.78	\$213.98	\$237.76
BLUE SHIELD NET VALUE Emp + 1 Dependent	\$47.55	\$427.97	\$475.52
BLUE SHIELD NET VALUE Emp + 2 Dependents or More	\$61.82	\$556.35	\$618.17
BLUE SHIELD Employee Only	\$26.09	\$234.81	\$260.90
BLUE SHIELD Emp + 1 Dependent	\$52.18	\$469.63	\$521.81
BLUE SHIELD Emp + 2 Dependents or More	\$67.83	\$610.52	\$678.35
KAISER Employee Only	\$25.24	\$227.12	\$252.36
KAISER Emp + 1 Dependent	\$50.47	\$454.25	\$504.72
KAISER Emp + 2 Dependents or More	\$65.61	\$590.53	\$656.14
HMO plans not available in Tahoe			
PREFERRED PROVIDER ORGANIZATIONS - PPO:			
PERS-SELECT Employee Only	\$21.49	\$193.38	\$214.87
PERS-SELECT Emp + 1 Dependent	\$42.97	\$386.77	\$429.74
PERS-SELECT Emp + 2 Dependents or More	\$55.87	\$502.79	\$558.66
PERSCARE HAS FIXED COUNTY SHARE COST			
PERSCARE Employee Only	\$163.93	\$228.85	\$392.78
PERSCARE Emp + 1 Dependent	\$327.87	\$457.69	\$785.56
PERSCARE Emp + 2 Dependents or More	\$426.22	\$595.00	\$1,021.22
PERS-CHOICE Employee Only	\$23.02	\$207.15	\$230.17
PERS-CHOICE Emp + 1 Dependent	\$46.03	\$414.30	\$460.33
PERS-CHOICE Emp + 2 Dependents or More	\$59.84	\$538.59	\$598.43
PORAC Employee Only *	\$24.30	\$218.74	\$243.04
PORAC Emp + 1 Dependent *	\$45.50	\$409.45	\$454.95
PORAC Emp + 2 Dependents or More *	\$57.80	\$520.18	\$577.98
*Safety Management Only - if members of PORAC			

Federal legislation known as the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct (HIPAA) allows employees who lose their other health insurance coverage to enroll in a CalPERS Health Plan. Employees and their dependents, **may** be eligible to enroll outside the Open Enrollment period but coverage may not be effective until the first of the month following a **90 day waiting period** depending upon the individual circumstances.

2010 CalPERS Health Insurance Rates

DSA Auburn and Tahoe Areas		PERS Care frozen at 2007 ER Contribution level	
Effective Pay Period 12 Pay Date December 4, 2009		PAY PERIODS #1 - #26	
		PAY PERIODS 14 & 3 ARE FREE	
		Per PP	CALPERS
Health Plan	Employee Share	County Share Maximum	Total Biweekly Cost
HEALTH MAINTENANCE ORGANIZATIONS - HMO:			
BLUE SHIELD NET VALUE Employee Only	\$47.55	\$190.21	\$237.76
BLUE SHIELD NET VALUE Emp + 1 Dependent	\$95.10	\$380.42	\$475.52
BLUE SHIELD NET VALUE Emp + 2 Dependents or More	\$123.63	\$494.54	\$618.17
BLUE SHIELD Employee Only	\$52.18	\$208.72	\$260.90
BLUE SHIELD Emp + 1 Dependent	\$104.36	\$417.45	\$521.81
BLUE SHIELD Emp + 2 Dependents or More	\$135.67	\$542.68	\$678.35
KAISER Employee Only	\$50.47	\$201.89	\$252.36
KAISER Emp + 1 Dependent	\$100.94	\$403.78	\$504.72
KAISER Emp + 2 Dependents or More	\$131.23	\$524.91	\$656.14
PREFERRED PROVIDER ORGANIZATIONS - PPO:			
PERS-SELECT Employee Only	\$42.97	\$171.90	\$214.87
PERS-SELECT Emp + 1 Dependent	\$85.95	\$343.79	\$429.74
PERS-SELECT Emp + 2 Dependents or More	\$111.73	\$446.93	\$558.66
PERSCARE Employee Only	\$163.93	\$228.85	\$392.78
PERSCARE Emp + 1 Dependent	\$327.87	\$457.69	\$785.56
PERSCARE Emp + 2 Dependents or More	\$426.22	\$595.00	\$1,021.22
PERS-CHOICE Employee Only	\$46.03	\$184.14	\$230.17
PERS-CHOICE Emp + 1 Dependent	\$92.07	\$368.26	\$460.33
PERS-CHOICE Emp + 2 Dependents or More	\$119.69	\$478.74	\$598.43
PORAC Employee Only	\$48.61	\$194.43	\$243.04
PORAC Emp + 1 Dependent	\$90.99	\$363.96	\$454.95
PORAC Emp + 2 Dependents or More	\$115.60	\$462.38	\$577.98

Federal legislation known as the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct (HIPAA) allows employees who lose their other health insurance coverage to enroll in a CalPERS Health Plan. Employees and their dependents, **may** be eligible to enroll outside the Open Enrollment period but coverage may not be effective until the first of the month following a **90 day waiting period** depending upon the individual circumstances.

The rates listed here are based upon the Board of Supervisors' action of September 8, 2009.

Dental Insurance

Delta Dental is the plan administrator. Visit the Delta Dental website at www.deltadentalca.org for benefit eligibility and provider information.

Placer County provides dental coverage for the employee at no cost.

Dependents can be added to the coverage at the employee's expense. Pay periods #14 & #3 will not have deductions for dependent dental premiums.



PPEO/DSA-
\$1,500 Annual
Individual Coverage

PPEO-
\$1,500 Lifetime
Orthodontia
Coverage

DSA-
\$2,000 Lifetime
Orthodontia Coverage

NOTE:

Major Treatment (crowns, bridges, dentures) will be excluded during the first year of coverage. Added dependents must be treatment free ninety (90) days prior to coverage and will only be covered for routine procedures during the first year.

Placer County's Dental Coverage contains a "non duplication of coverage" clause, which means that as secondary insurance, Delta Dental will not pay any balance over the County's plan allowance.

PPEO/DSA

Dental Coverage 24 Pay Periods	Employee Share	County Share	Total Premium
Employee Only	\$0.00	\$23.00	\$23.00
Employee + Dependents	\$20.85	\$23.00	\$43.85

Management And Confidential-
\$2,000 Annual Individual Coverage
\$2,000 Orthodontia Lifetime Coverage

Management & Confidential

Dental Coverage 24 Pay Periods	Employee Share	County Share	Total Premium
Employee Only	\$0.00	\$23.00	\$23.00
Employee + 1 dependent	\$12.75	\$23.00	\$35.75
Employee + family	\$25.25	\$23.00	\$48.25



Vision Insurance

Vision Service Plan is the plan administrator. Visit the VSP website at www.vsp.com for benefit and eligibility information. Placer County provides vision coverage for the employee at no cost. Dependents can be added to the coverage at the employee's expense. Pay periods #14 & #3 (calendar year 2010) will not have deductions for dependent vision premiums.

This is a three-tier plan option with a one-year lock in/lock out period.

Vision Coverage 24 Pay Periods	Employee Share	County Share	Total Premium
Employee Only	\$0.00	\$4.60	\$4.60
Employee + 1 dependent	\$7.10	\$4.60	\$11.70
Employee + family	\$12.68	\$4.60	\$17.28

NOTE: Dependent Vision enrollment must include all your eligible dependents.

Accidental Death & Dismemberment (AD & D)

Placer County provides employees Accidental Death & Dismemberment Insurance (AD&D) coverage at the \$10,000 benefit level at no cost. Additional benefit levels for the employee are available up to \$500,000. Dependent coverage is available for the spouse in benefit levels of \$10,000 to \$ 300,000 (not to exceed employee coverage) and for dependent children in amounts from \$5,000 to \$25,000.

Benefit amounts over \$250,000 cannot be greater than 10 times the employee's annual earnings.

Verify that your dependents are still eligible for coverage and delete those that are no longer eligible. Your spouse is eligible to **age 70**. Your unmarried dependent children under age 23 (if they are economically dependent) are eligible for coverage.

AD&D Rates

AD&D Benefit Level	Cost For Employee	Cost For Spouse	Cost For Children
\$500,000.00	\$7.50	N/A	N/A
\$450,000.00	\$6.75	N/A	N/A
\$400,000.00	\$6.00	N/A	N/A
\$350,000.00	\$5.26	N/A	N/A
\$300,000.00	\$4.50	\$6.00	N/A
\$250,000.00	\$3.75	\$5.01	N/A
\$200,000.00	\$3.00	\$4.00	N/A
\$150,000.00	\$2.26	\$3.00	N/A
\$100,000.00	\$1.50	\$1.99	N/A
\$75,000.00	\$1.13	\$1.50	N/A
\$50,000.00	\$0.75	\$1.00	N/A
\$25,000.00	\$0.38	\$0.50	\$0.50
\$10,000.00	\$0.00	\$0.22	\$0.22
\$5,000.00	N/A	N/A	\$0.11

Supplemental Term Life Insurance

Placer County provides a \$10,000 term life insurance policy to each employee without cost. You may apply for additional coverage throughout the year or at Open Enrollment. Employees may apply for supplemental coverage up to \$100,000. Spouse coverage is available up to \$50,000 and cannot exceed 1/2 of the employee's benefit coverage. These premiums are not pre-taxed.

Additional life insurance coverage requires an application, proof of medical insurability and approval by the life insurance company.

Premiums for Voluntary Life Insurance are effective after approval by the life insurance carrier.



Monthly Premium Schedule For Employee Or Spouse

	Spouse	Spouse - Employee		Employee Only	
Coverage Amount	\$12,500	\$25,000	\$50,000	\$75,000	\$100,000
Age 0-34	\$1.50	\$3.00	\$6.00	\$9.00	\$ 12.00
35-39	\$2.00	\$4.00	\$8.00	\$12.00	\$ 16.00
40-44	\$3.25	\$6.50	\$13.00	\$19.50	\$ 26.00
45-49	\$5.50	\$11.00	\$22.00	\$ 33.00	\$44.00
50-54	\$9.75	\$19.50	\$39.00	\$ 58.50	\$78.00
55-59	\$16.75	\$33.50	\$67.00	\$100.50	\$134.00
60-64	\$17.75	\$35.50	\$71.00	\$106.50	\$142.00
65-69	\$28.75	\$57.50	\$115.00	\$172.50	\$230.00
Over 70	\$51.20	\$102.50	\$205.00	\$307.50	\$410.00

Monthly Premium Schedule For Dependent Children Rate Covers All Children (1 Or More)

COVERAGE AMOUNT	\$5,000	\$7,500	\$10,000
Age 15 days to 23 years	\$1.00	\$1.50	\$2.00

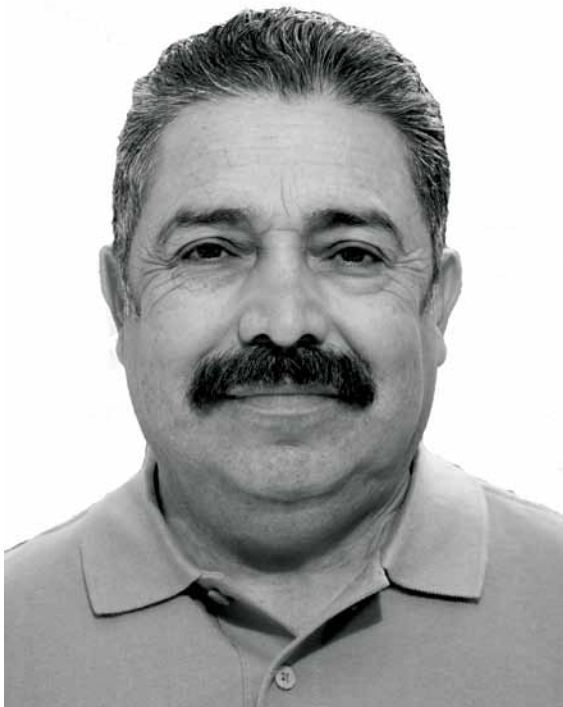
Long Term Disability Insurance (LTD)

Coverage Overview

The Long Term Disability policy, offered through Lincoln Financial, provides a monthly income of 60% of your monthly wages, to a maximum of \$6500, if you are unable to work for more than 1 year due to illness or injury. The policy will continue to pay up to age 65 as long as you are disabled. (Please see brochure & policy limits for detailed information).

NOTE:

This benefit is available to PPEO, Management and Confidential employees. DSA represented employees are not eligible for this coverage.



Employer Paid Policy

Placer County provides the Long Term Disability (LTD) policy at no cost to employees who have 5 years of active service (10,400 hours) and who work a minimum of 20 scheduled hours per week. This coverage takes effect automatically when the necessary qualifying hours have been reached.

Employee Paid Policy

Employees who have less than five years of active service (10,400 hours) and who work a minimum of 25 scheduled hours per week may purchase the Employee-Paid Long Term Disability Insurance (LTD). Cost is based upon your earnings and your age at the time of application. Future increases will be based upon your age, salary and plan experience.

Employee Paid LTD Rates	Age	Cost Per \$100 of Earnings
(Calculate your Estimated Semi-Monthly* LTD Premiums) (1) Your Semi-Monthly Earnings: _____ (2) Divide by 100: _____ (3) Multiply by your Age Rate: _____ = Your Estimated Semi-Monthly Premium \$ _____ Example: 40yr. Old $\$1,000 \div 100 \times .39 = \3.90 *Earnings & Premium are based on 24 pay periods	0-29	\$.16
	30-34	\$.22
	35-39	\$.27
	40-44	\$.39
	45-49	\$.54
	50-54	\$.74
	55-59	\$.90
	60-64	\$1.13
	65-69	\$.84
	70-74	\$.56
	75-99	\$.60

Policy approval subject to underwriting by Lincoln Financial.

Flexible Benefit Program

This is a three-part program that can make a positive difference in your take home pay. Please keep in mind this program does have some restrictions and IRS rules require that changes must be made during Open Enrollment unless there is a Family Status Change as described on page 3.

Part 1 – Premium Conversion Is Automatic

This provision allows for the employee share of insurance premiums to be paid on a pre-tax basis for medical, dental, vision and AD&D.

Part 2 - Flex Credit 401(k) Plan

If you have other health insurance coverage, you may elect to take advantage of an employer contribution to a 401(k) savings plan on your behalf. The biweekly contribution for 2010 is \$174.82 for 26 pay periods or \$4,545.32 annually. This amount is subject to a Social Security (FICA) deduction each per pay period. To participate in the Flex Credit 401(k), you will need to:

- Provide proof of other coverage. (A copy of your insurance card including your name is sufficient)
- Enroll online by selecting “401(k) Flex Credit Part 1” medical plan AND
- Enroll in a “401(k) ILH Flex Credit Part 2” savings plan; if you are not currently enrolled in either a CalPERS or Hartford 401(k) plan, you must complete an enrollment form and enroll online in ACORN.
- Complete the Medical CalPERS Eligibility form (Declaration of Health Coverage).

Part 3 - Dependent Care

If you have dependent care expenses which are necessary for you to work, you may have these expenses deducted from your salary on a pre-tax basis. Certain IRS restrictions apply, but in general terms, you may set aside an amount from your biweekly salary to cover your dependent care expenses up to a maximum of \$5,000 per calendar year and not pay Social Security, Federal or State taxes on this amount. Approved expenses can be for: childcare, disabled dependent care and/or adult day care. To enroll, you must complete a FBMC dependent care form and enroll in the ACORN system.

Fringe Benefit Management Company (FBMC) administers the Dependent Care claims for employees. Employees submit their claims directly to FBMC and will be able to track the reimbursement online at www.myFBMC.com.

- Employees who are currently participating and who want to continue this option in 2010 **MUST ELECT** a new amount in ACORN for 2010 and complete an FBMC enrollment document.

QUESTION?

What do I need to do during Open Enrollment if I already have the 401(k) in lieu of health flex credit option?

If you wish to continue in this option for 2010, the new rate of \$174.82 will automatically be posted to your 401(k) account.

What if I want to discontinue this option and sign up for health benefits?

- Enroll online in a CalPERS health plan of your choice.
- **WAIVE YOUR 401(k) ILH Flex Credit Part 2**
- Complete the Medical CalPERS Eligibility Form (Declaration of Health Coverage).
- Coverage will be effective January 1, 2010.



NOTE:

Do not over-estimate your annual contribution; you will only be reimbursed for actual expenses and any unused funds are forfeited per IRS rules.

Benefit Contact List

Benefit	Provider	Group Or Id#	Telephone	Website
Deferred Compensation 401(k) – 620011 457 – 450323	CalPERS Henry Tran	SS#	916-795-9167	www.CalPERS.ca.gov then select: CalPERS Investments (457 only)
Deferred Compensation 401(k) – 150005 457 – 150004	HARTFORD Jason Hughes	SS#	888-811-4839	www.hartfordlife.com
Dental	Delta Dental	1985 SS#	800-765-6003	www.deltadentalca.org
Dependent Care	Fringe Benefits Management Company (FBMC)	SS#	800-342-8017	www.myfbmc.com
Health Plans HMO's	Blue Shield NetValue	PHO 01040	800-334-5847	www.blueshieldca.com
	Blue Shield – ACCESS+ Blue Shield Access PlusHMO	PHPH0001 SS#	888-568-3560	www.mylifepath.com
	Kaiser Permanente HMO	00003-20 SS#	800-759-0584	www.kaiserpermanente.org
Health Plans PPO's	PERS Select		877-737-7776	www.CalPERS.ca.gov
	PERSCare PPO	KB050A SS#	877-737-7776	www.CalPERS.ca.gov Select: For Members Then to: Health Benefits Program
	PERS Choice PPO	CB050A SS#	877-737-7776	www.CalPERS.ca.gov Select: For Members Then to: Health Benefits Program
	PORAC PPO	336684 SS#	800-288-6928	www.porac.org
Long-Term Care	CalPERS	SS#	800-925-6767	www.CalPERS.ca.gov Select: Long Term Care
Long-Term Disability	Lincoln Financial Group	01-001664 SS#	800-423-2765	www.jpfc.com
Vision	Vision Service Plan VSP	12168909 SS#	800-877-7195	www.vsp.com
Employee Assistance Program	Concern:EAP	Placer	800-344-4222	www.concern-eap.com

JUST A REMINDER!!!

Benefit Forms and Rates for 2010 can be found on the Placer County shared drive:
V:\Personnel\Benefits\2010 Benefits Forms and Rates.

Placer County Payroll Schedule

FISCAL YEAR 2009 - 2010

PAY PERIOD		PAY DATE
1	Jun 06 - Jun 19	Jul 02, 2009
2	Jun 20 - Jul 03	Jul 17, 2009
3	Jul 04 - Jul 17	Jul 31, 2009
4	Jul 18 - Jul 31	Aug 14, 2009
5	Aug 01 - Aug 14	Aug 28, 2009
6	Aug 15 - Aug 28	Sep 11, 2009
7	Aug 29 - Sep 11	Sep 25, 2009
8	Sep 12 - Sep 25	Oct 08, 2009
9	Sep 26 - Oct 09	Oct 23, 2009
10	Oct 10 - Oct 23	Nov 06, 2009
11	Oct 24 - Nov 06	Nov 20, 2009
12	Nov 07 - Nov 20	Dec 04, 2009
13	Nov 21 - Dec 04	Dec 18, 2009
14	Dec 05 - Dec 18	Dec 31, 2009
15	Dec 19 - Jan 01	Jan 14, 2010
16	Jan 02 - Jan 15	Jan 29, 2010
17	Jan 16 - Jan 29	Feb 11, 2010
18	Jan 30 - Feb 12	Feb 26, 2010
19	Feb 13 - Feb 26	Mar 12, 2010
20	Feb 27 - Mar 12	Mar 26, 2010
21	Mar 13 - Mar 26	Apr 09, 2010
22	Mar 27 - Apr 09	Apr 23, 2010
23	Apr 10 - Apr 23	May 07, 2010
24	Apr 24 - May 07	May 21, 2010
25	May 08 - May 21	Jun 04, 2010
26	May 22 - Jun 04	Jun 17, 2010

FISCAL YEAR 2010 - 2011

PAY PERIOD		PAY DATE
1	Jun 05 - Jun 18	Jul 02, 2010
2	Jun 19 - Jul 02	Jul 16, 2010
3	Jul 03 - Jul 16	Jul 30, 2010
4	Jul 17 - Jul 30	Aug 13, 2010
5	Jul 31 - Aug 13	Aug 27, 2010
6	Aug 14 - Aug 27	Sep 10, 2010
7	Aug 28 - Sep 10	Sep 24, 2010

Free Pay
Period

^ = Changed due to holiday or MTO on Pay Day

Health Plan Changes

Free Pay Period

Dental, Dependent Care, 401(k) & 457 Changes

Glossary Of Terms

AD&DAccidental Death & Dismemberment

CFRACalifornia Family Rights Act

Domestic Partner As defined by California Family Code Section 297(a), there are six requirements that must be met at the time the Declaration of Domestic Partner is filed with the California Secretary of State.

For more information on registered domestic partnerships, go to the Secretary of State's website at www.ss.ca.gov.

For additional information on how the expanded domestic partner law affects your CalPERS retirement benefits and options, go to the CalPERS website at www.CalPERS.ca.gov.

DSADeputy Sheriffs Association

EOC.....Evidence of Coverage

FBMCFringe Benefit Management Company

FMLA.....Family Medical Leave Act

FSC.....Family Status Change

HMOHealth Maintenance Organization

ILHIn Lieu of Health

LTC.....Long Term Care

LTDLong Term Disability

PCPPrimary Care Provider

PORACPeace Officers Research Association of California

PFLPaid Family Leave

PPEOPlacer Public Employees Organization

PPOPreferred Provider Organization

SDI.....State Disability Insurance

VSPVision Service Plan